



Informed Consent for the Provision of Psychological Services

Involving a Third Party Provider

I, _____, have read and do understand the following:

I understand that my Psychologist / Psychological Associate is a registrant of the College of Psychologists of British Columbia and as such is governed by the College's Bylaws and Code of Conduct. Accordingly, my Psychologist/Psychological Associate may not provide services to me, or to a child or elder over whom I have custody or guardianship (my "Ward"), without first obtaining my informed consent, meaning consent I have given with an understanding of my rights and the risks involved with the services. I understand that if I have any questions regarding the services, I can ask my Psychologist/Psychological Associate at any time before or during the provision of those services.

I understand that I am hereby agreeing to consent to participate in psychological services at the request of a Third Party Provider. By consenting to this arrangement, I have been informed that the Third Party Provider is the primary client and that the following issues have been discussed and clarified to my satisfaction:

1. The registrant's role with, and obligations to, each affected party;
2. The probable uses of the services provided or the information obtained;
3. Any limits to the obligation of confidentiality.

Psychological Services

I understand that any psychological services, including diagnosis and treatment, that I may receive from Psychologist will be unique to my or to my Ward's situation and needs. Accordingly, my Psychologist/Psychological Associate may not be able to tell me all of the specifics of the services before beginning to provide services. However, my Psychologist/Psychological Associate will make all reasonable efforts to answer my questions about the psychological services to be performed.

Confidentiality

I understand that, subject to certain specific exceptions discussed below, all information that I or my Ward may share with my psychologist is confidential and no information will be released to any third party without my explicit written consent.

Please note that use of electronic means of communication such as texting and email also requires your explicit written consent and that these forms of communication may be appropriate for scheduling or other explicitly administrative functions and it may well not be appropriate in other circumstances. Email and texting do not substitute for direct personal communication.

I further understand that there are specific and limited exceptions to this confidentiality, most notably:

- When there is a clear risk of substantial harm to myself or my Ward, my Psychologist/Psychological Associate or any other person, in which case my Psychologist / Psychological Associate is ethically bound to take necessary steps to prevent the harm including disclosing confidential information to the appropriate authorities.
- When you are threatening serious harm to another person, I am required by law to try to protect that person. I may have to tell the person and the police, or perhaps try to have you put in the hospital.
- When there is reason to believe that a child needs protection, such as where a child has been or is likely to be physically, sexually or emotionally harmed; abused, or exploited, in which case my psychologist is legally bound to report the matter to appropriate authorities.
- When there is reason to believe I am operating a motor vehicle in an unsafe fashion, as per the Motor Vehicle Act.
- When there is reason to believe that a mental disability was caused at work by reason of harassment and/or bullying, this may be reportable to WorkSafeBC.
- When the law requires the release of confidential information by my psychologist. If there are any issues regarding confidentiality (e.g., if the services are to be part of a group or joint session, or the services are being paid for by a third party), I understand that my psychologist/psychological associate will clarify all issues around confidentiality before beginning to provide services.

Risks

I understand that while psychological treatment may provide significant benefits, it may also involve some potential risks. Psychological treatment may elicit uncomfortable thoughts and emotions, or may lead to the recall of troubling memories.

Other Rights

I understand that at any time, I may ask questions about my Psychologist / Psychological Associate's training or credentials. I further understand that at any time I may ask about my Psychologist /

Psychological Associate's approach, method of treatment, or anything else that happens during or is relevant to the course of treatment.

I understand that I may refuse any suggestions offered by my Psychologist/Psychological Associate and that I have the right to end treatment at any time or ask to be referred to another psychologist.

Concerns and Complaints

I understand that if I have any concerns about my Psychologist's conduct or any aspect of the treatment, I may discuss these concerns with my Psychologist/Psychological Associate at any time during the course of treatment. If I am not satisfied by the quality of services from my Psychologist/Psychological Associate or believe my Psychologist/Psychological Associate has acted unethically or unprofessionally, I may make a formal complaint to the College of Psychologists of British Columbia.

Other Matters

I understand that as part of routine practice my Psychologist/Psychological Associate may on occasion consult with colleagues regarding cases, and that if he or she does so regarding my case it will be done for the purpose of benefiting me and my confidentiality will be preserved.

Consent

I have read and understand this statement. I have had sufficient time to consider this statement carefully, and have asked any questions about it that I needed to. I am over the age of majority (19) and competent to give my informed consent.

Accordingly, I consent to me or my Ward being provided with psychological services by Dr. Ulrike M. Koechling, R. Psych.

Signature: _____ **Date:** _____

Printed Name: _____

Address: _____

Date of Birth: _____ **Witness:** _____

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